

Individual School Profile

School and Supervisory Union _____

Name and Title of person filling out Profile _____

Date _____

Please complete the following profile using information from the **2003-2004** school year.

The information will assist the Monitoring Team that will be conducting your visit.

Thank you for your time and participation in this process.

Comprehensive System of Educational Supports for 2003-2004

1. Identify any of the following that were core members of your school's Educational Support Team (EST). Please check all that apply.

<input type="checkbox"/> Classroom Teachers	<input type="checkbox"/> Special Educators
<input type="checkbox"/> Principal	<input type="checkbox"/> Assistant Principal
<input type="checkbox"/> Behavior Specialist	<input type="checkbox"/> School Guidance Counselor
<input type="checkbox"/> School Psychologist	<input type="checkbox"/> School Nurse
<input type="checkbox"/> Parents	<input type="checkbox"/> Outside Service Providers
Others: _____	

2. Rank, **in numerical order (using each number only once)**, the issues referred to your EST during the **2003-2004** school year.

<input type="checkbox"/> Reading	<input type="checkbox"/> Writing
<input type="checkbox"/> Motor Issues	<input type="checkbox"/> Disruptive Behavior
<input type="checkbox"/> Social Emotional Issues	<input type="checkbox"/> Health Issues
<input type="checkbox"/> Speech/Language Needs	<input type="checkbox"/> Math
<input type="checkbox"/> Attention	

3. How often is a school-wide overview of your EST process provided?

☐ 1 time a year
☐ more than 1 time a year
☐ 1 time in two years
☐ training has not been offered in the past two years
☐ as change in staffing warrants a review

4. How many reviews conducted by the EST during the **2003-2004** school year were the result of:

a. _____ new referrals?
b. _____ referrals of students previously brought before the EST?

Educational Support Team Referral and Evaluation Information.

Please put your answers regarding newly referred students to the Educational Support Team into the following boxes.

Question 5: The number of new students discussed by the EST (from the same number reported on line 4a). _____

Question 6: Primary action taken following the EST meeting? (Select only one outcome per pupil, please. Note: The total number of the students in Question 6 should equal the number of new students referred on Question 5).

- _____ Curriculum adjusted
- _____ Instructional methods adjusted
- _____ Academic supports were offered
- _____ Health supports were offered
- _____ Social/emotional supports offered
- _____ In-school supports offered
- _____ Outside school supports offered
- _____ Student was referred for a special education evaluation
(for these students referred, please answer Questions 7 and 8)
- _____ Student referred for a 504 Evaluation
- _____ Other: _____

Question 7: Number of students found eligible for special education services? _____

Question 8: Number of students found not eligible for special education services? _____
(for these students not found eligible, please answer Question 9)

Question 9: Number of the other services that were recommended if the student was not eligible for special education services?

- _____ number referred back to EST
- _____ number of 504 Plans developed
- _____ number No Services recommended

Educational Support Team Referral and Evaluation Information.

Please put your answers regarding previously referred students to the Educational Support Team into the following boxes.

Question 10: Number of students previously brought before the EST and followed this school year?

(the same number reported on line 4b.) _____

Question 11: Primary action taken following the EST meeting? (Select only one action per pupil, please.)

(Note: The total number of the students in Question 11 should equal the number of

students followed by the EST on **Question 10.**)

- _____ Curriculum adjusted
- _____ Instructional methods adjusted
- _____ Academic supports were offered
- _____ Health supports were offered
- _____ Social/emotional supports offered
- _____ In-school supports offered
- _____ Outside school supports offered
- _____ Student was referred for a special education evaluation
- _____ Student referred for a 504 Evaluation
- _____ Other:

Answer the following question using the total number of newly referred and previously referred students to the Education Support Team for the school year **2003-04**. (Note: This would be the total number of students identified in Question 4a and 4b.)

Question 12: Number of results or outcomes of primary action taken?

- _____ Intervention successful, fade
- _____ Intervention successful, continuing
- _____ Making progress, continue
- _____ Not effective yet, continue
- _____ Not effective, needs new action
- _____ Other:
